



## 2019-2020 Verification Worksheet For Dependent Student

### A. Student Information

Last name	First name	M.I.	J _____ Student ID#
			Phone #

As a dependent student, parent information must be provided in addition to your own

**IMPORTANT: Please do not leave blanks on this form. Doing so will require us to return it to you for completion which will cause delays in the processing of your Financial Aid.**

#### Household Information – Include:

**Yourself & Your Parent/Step Parent(s)** – (even if you do not currently live with them)

Full Name	Age	Relationship to you	College Name & State (If attending college)
		<i>Self</i>	<i>Jefferson Community College / NY</i>
		<b>Parent/Step Parent 1</b>	
		<b>Parent/Step Parent 2</b>	

**Others who live with your parent(s) AND will receive more than half of their support from your parent(s)**


(attach a separate sheet of paper if needed)

#### Student (Please check one)

- I filed a 2017 Income tax return. If you did not use the Data Retrieval tool on your FAFSA, please submit a 2017 IRS Tax Return Transcript.
- I had income from work in 2017 but did not and was not required to file a 2017 income tax return. Please submit copies of all 2017 W2's.
- I did not file because I did not have any income from work in 2017

#### Parent(s) (Please check one)

- I (we) filed a 2017 Income tax return. Parent/Step Parent 1: Yes\_\_\_ No\_\_\_ Parent/Step Parent 2: Yes\_\_\_ No\_\_\_  
If you did not use the Data Retrieval tool on the FAFSA, please submit a 2017 IRS Tax Return Transcript.
- I (we) had income from work in 2017 but did not and were not required to file a 2017 income tax return. Please Submit IRS Verification of Non-Filing Status Letters and copies of all 2017 W2's for Parents/Step Parents.
- I (we) did not file and did not have any income from work in 2017. Please submit IRS Verification of Non-Filing Status Letters and list the type and amount of any untaxed income and/or benefits received by Parent/Step Parent on the back of this form to prevent delays.

### B. Verification of Asset Information (Please list the current amount for each line, even if it is zero)

	<u>Student</u>	<u>Student's Parent(s)</u>
Cash, Savings, and Checking.....	\$ _____	\$ _____
Net worth of investments *.....	\$ _____	\$ _____
Net worth of businesses and/or.....	\$ _____	\$ _____

investment farms (do not include a farm you live on and operate)

If you (and/or your parent(s)), own a business, do you (they) have more than 100 full-time (or full-time equivalent) employees?     Yes     No

\* **Investments include** real estate (do not include the home you live in), rental property, trust funds, money market funds, mutual funds, CD's , stocks, stock options, bonds, other securities, college savings plans, commodities, etc. **Investments do not include** the home you live in, retirement plans (401k plans, pension funds and annuities, non-education IRA's, Keog plans, etc.) or the value of life insurance. **Net worth** means current value minus debt.

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**IMPORTANT: Each line must be completed, even if the answer is zero.** Incomplete forms will be returned for completion which will cause delays in processing your financial aid.

**C. Additional Financial Information (All information pertains to 2017 only)**

Did any household member listed in section A. Receive food stamp (SNAP) benefits during 2016 or 2017?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Student**

**Parent/Step Parent(s)**

\$ \_\_\_\_\_ **Child support you paid to someone else during 2017:** If you or your parent/step parent(s) paid child support to someone because of divorce or separation, or as a result of a legal requirement. **Please list names and ages of all children for whom child support was being paid and the name of who it was paid to.** \$ \_\_\_\_\_  
Monthly Monthly

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child support listed above was paid to: \_\_\_\_\_

\$ \_\_\_\_\_ 2017 Taxable earnings from Federal Work-Study or other need-based work programs. \$ \_\_\_\_\_

**D. Untaxed Income Received in 2017 (only list amounts received in 2017)**

**Student**

**Parent/Step Parent(s)**

Payments to tax-deferred pension and saving plans reported on the 2017 W-2 form in Boxes 12a through 12d, with a code of D, E, F, G, H or S. (do not include DD) \$ \_\_\_\_\_

Child Support Received (paid to you or your parent(s) during 2017). Include the total amount received for all children in the household (Do not include foster care of adoption payments).

\$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Monthly

Veterans' non-education benefits such as Disability, Death Pensions, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study

\$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Monthly

Amount of any other **untaxed income or benefits** not reported on an income tax return such as Worker's Compensation, untaxed portions of pensions, disability, public assistance, Social Security, SSI, etc. **To prevent delays, list the source and amount of the untaxed income on the line below**

\$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Monthly

\$ \_\_\_\_\_ Yearly amount of money earned from employment that **was not** reported on a tax return \$ \_\_\_\_\_

\$ \_\_\_\_\_ Yearly amount of money received or paid on the student's behalf by someone not in the household

Please indicate if you or your parent/step parent(s) were active duty military or a member of the clergy in 2017

Student: Yes \_\_\_ No \_\_\_ Parent/Step Parent 1: Yes \_\_\_ No \_\_\_ Parent/Step Parent 2: Yes \_\_\_ No \_\_\_

(please circle one): Enlisted Officer Clergy

\$ \_\_\_\_\_ Yearly BAS if military or Housing, food and other living allowances if clergy \$ \_\_\_\_\_

**E. Sign this Worksheet (Both Student and Parent must sign)**

Each person signing below certifies that all of the information reported is complete and accurate.

**Warning:** If you give false or misleading information on this worksheet, you may be fined; be sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please return this form to: **SUNY Jefferson - Enrollment Services**  
1220 Coffeen Street  
Watertown, NY 13601